

NAME (PRINT)				BIRTH DATE (Day) (Month) (Year)		
(Last)		(Middle)		(First)		
SEX	MALE <input type="checkbox"/>	RACE	CODE	MARITAL STATUS		
	FEMALE <input type="checkbox"/>			(1) SINGLE <input type="checkbox"/>	(3) WIDOWED <input type="checkbox"/>	(5) SEPARATED <input type="checkbox"/>
				(2) MARRIED <input type="checkbox"/>	(4) DIVORCED <input type="checkbox"/>	
NO. OF DEPENDENTS		AGENCY ASSIGNMENT				
(INCLUDE WIFE)		OFFICE		DIVISION		CODE
		POSITION OR TITLE		GRADE		CODE

PRESENT DRAFT STATUS

(A) HAVE YOU REGISTERED FOR DRAFT? (1) YES ☐ (2) NO ☐
 (B) IF YES, CHECK YOUR PRESENT DRAFT CLASSIFICATION BELOW:

- | | |
|--|--|
| <input type="checkbox"/> 1A AVAILABLE FOR MILITARY SERVICE. AGES 18-26 | <input type="checkbox"/> 4B OFFICIAL DEFERRED BY LAW. |
| <input type="checkbox"/> 1AO CONSCIENTIOUS OBJECTOR, BUT AVAILABLE FOR NON-COMBATANT DUTY. | <input type="checkbox"/> 4C ALIEN. |
| <input type="checkbox"/> 1C MEMBER OF ANY ACTIVE BRANCH OF MILITARY SERVICE. MUST BE ON FULL DUTY. | <input type="checkbox"/> 4D MINISTER OF RELIGION OR DIVINITY STUDENT. |
| <input type="checkbox"/> 1D MEMBER OF ANY RESERVE COMPONENT OF MILITARY SERVICE. CANNOT BE CALLED BY DRAFT BOARDS. CALLED ONLY BY MILITARY SERVICE CONCERNED. | <input type="checkbox"/> 4E CONSCIENTIOUS OBJECTOR - OPPOSED TO BOTH COMBATANT AND NON-COMBATANT SERVICE. |
| <input type="checkbox"/> 2A DEFERRED ON ACCOUNT OF OCCUPATION. | <input type="checkbox"/> 4F PHYSICALLY OR OTHERWISE UNFIT FOR SERVICE. |
| <input type="checkbox"/> 2C DEFERRED FOR AGRICULTURAL OCCUPATION. | <input type="checkbox"/> 5A MAN WHO HAS ATTAINED TWENTY-SIXTH BIRTHDAY. NOT LIABLE TO INDUCTION UNDER PRESENT ACT. |
| <input type="checkbox"/> 3A MAN HAS DEPENDENTS. | |
| <input type="checkbox"/> 4A REGISTRANT WHO HAS COMPLETED SUFFICIENT SERVICE IN WORLD WAR II TO BE CLASSIFIED AS A VETERAN (NINETY DAYS SERVICE DURING FIGHTING WAR OR ONE YEAR AFTER V-J DAY). SOLE SURVIVING SON IN FAMILY. IF A FAMILY HAD TWO SONS IN A WAR AND ONE WAS KILLED, THE SOLE SURVIVING SON COME IN THIS CATEGORY. | |

LOCAL DRAFT BOARD	
NAME	NO.
ADDRESS (Street and No.)	

[The remainder of this form will be filled out only by personnel who have performed duty in any of the U.S. Armed Services, Merchant Marine or any foreign military organization.]

SERVICE RECORD

1. CHECK ORGANIZATIONS IN WHICH YOU HAVE SERVED:

- | | | |
|---|--|--|
| (1) ARMY <input type="checkbox"/> | (4) AIR FORCE <input type="checkbox"/> | (7) NATIONAL GUARD <input type="checkbox"/> |
| (2) NAVY <input type="checkbox"/> | (5) COAST GUARD <input type="checkbox"/> | (8) FOREIGN MILITARY ORGANIZATION <input type="checkbox"/> |
| (3) MARINE CORPS <input type="checkbox"/> | (6) MERCHANT MARINE <input type="checkbox"/> | |

2. LENGTH OF ACTIVE DUTY IN THE U.S. ARMED SERVICES (INCLUDING TRAINING TOURS)

	YEARS	MONTHS
(1) WORLD WAR I AND ALL PRIOR DUTY	_____	_____
(2) BETWEEN WORLD WAR I AND WORLD WAR II	_____	_____
(3) WORLD WAR II	_____	_____
(4) SINCE WORLD WAR II	_____	_____
ACTIVE DUTY TO DATE (TOTAL) _____		

3. FURNISH THE FOLLOWING DATA AS TO YOUR COMMISSIONED OR ENLISTMENT STATUS UPON SEPARATION:

(1) COMMISSIONED ☐ OR (2) ENLISTED ☐

NAME OF SERVICE	RANK, GRADE OR RATING	ARM, BRANCH OR CORPS	LAST SERIAL, SERVICE OR FILE NO.
DO NOT WRITE IN SPACES BELOW			
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4. CHECK TYPE OF SEPARATION:

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- (1) ☐ RETIREMENT FOR AGE
 (2) ☐ RETIREMENT FOR SERVICE
 (3) ☐ RETIREMENT FOR COMBAT DISABILITY
 (4) ☐ RETIREMENT FOR OTHER PHYSICAL DISABILITY
 (5) ☐ SEPARATED (POINTS, CATEGORY, ETC.)
 (6) ☐ RELEASE ESSENTIAL TO NATIONAL HEALTH, SAFETY OR INTEREST
 (7) ☐ RELEASE BECAUSE OF UNDUE HARDSHIPS

5. IF YOUR PRESENT STATUS DIFFERS IN ANY RESPECT FROM THAT STATED IN 3 ABOVE, INDICATE CHANGE ONLY AND DATE OF CHANGE:

	DATE	CODES
COMMISSIONED _____	_____	_____
SERVICE _____	_____	_____
ARM, BRANCH OR CORPS _____	_____	_____
RANK, GRADE OR RATING _____	_____	_____
SERVICE, SERIAL OR FILE NO. _____	_____	_____

6. ARE YOU NOW IN THE NATIONAL GUARD?

(1) YES ☐ (2) NO ☐

(A) IF YES, WHAT UNIT? _____

(B) DID YOU ENTER FEDERAL ARMED FORCES THROUGH NATIONAL GUARD? (1) YES ☐ (2) NO ☐

7. DO YOU HAVE RESERVE STATUS?

(1) YES-INACTIVE ☐ (2) YES-ACTIVE ☐ (3) NO ☐

(A) ARE YOU ASSIGNED TO AN AGENCY UNIT? (1) YES ☐ (2) NO ☐

(B) IF NO, WHAT IS YOUR ASSIGNMENT? _____

(C) IS YOUR ASSIGNMENT AN ORGANIZED UNIT? (1) YES ☐ (2) NO ☐

8. DO YOU HAVE A MOBILIZATION ASSIGNMENT?

(1) YES ☐ (2) NO ☐

(A) IF YES, STATE NAME OF UNIT ORGANIZATION _____

REMARKS:

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SIGNATURE